

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9345
Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH ²
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002 Registered No. 951
 (c) City Kansas City (d) Street No. 813 Charlotte St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME John Gunnell Sr.
 (a) Residence, No. 813 Charlotte St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1901
 7. AGE YEARS 37 MONTHS 4 DAYS 5 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Porter
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 11 1/2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.
 FATHER 13. NAME John Gunnell Sr.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 MOTHER 15. MAIDEN NAME Rosa Gunn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) John Gunnell Sr. 813 Charlotte
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Nov 2 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Proctor Bros. 1729 Lydian
 20. FILED 3-2-39 M.M. Crooke Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to Feb 26, 1939
 Last saw him alive on Feb 26, 1939. Death is said to have occurred on the date stated above, at 2 1/2 a. m.
 The principal cause of death and related causes of importance were as follows:
Acute Capillary Bronchitis Date of onset _____
1st & 2d St. Effusion
 Other contributory causes of importance: Cold & Exposure
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? 1
 If so, specify Char. B. Purice, M. D.
 (Signed) _____ (Address) 719 1/2 Independence Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. B. Mathis

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *J. B. Mathis*

Licensed Embalmer No. *2889*

P. O. Address *Ac. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.